AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25347

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 6521

City St. Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Mary Alice Purcell

(a) Residence, No. 6045 Kingsbury St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21-1910 ~~July 4, 1937~~

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as [illegible] saw mill, bank, etc. Meyer E. Aronoff

10. Date deceased last worked at this occupation (month and year) Law Firm Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME James Purcell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Alice Degenhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. J.J.Albrecht 25 Joy Ave, Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S.Peter & Paul DATE 7-7 37

19. UNDERTAKER (ADDRESS) Arthur J.Donnelly 3840 Lindell Blvd.

20. FILED JUL 6 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 21 , 1937, to 7 - 4 , 1937

I last saw her alive on 7 - 4 , 1937. Death is said to have occurred on the date stated above, at 3 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	Sev. years
Cardiac Decompensation	Sev. weeks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. H. Charles, M. D.

(Address) Barnes Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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